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## Regular Article

## Never too old to learn - Third age adults experience little (self-)ageism or barriers to learning

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## ABSTRACT

Currently, the proportion of older adults in the world population is increasing at a fast rate. An active lifestyle could contribute to healthy ageing. It is therefore urgent and important that ageing policies focus on active ageing, for example through third-age learning. This study explores the experiences of healthy older adults to find out to what extent they perceive (self-)ageism as a barrier to learning new skills. With this knowledge, a first step could be taken in clarifying whether more attention should be paid to a positive self-perception in older adults.

To this end, semi-structured interviews were conducted with 10 third-age learners (aged 65–77, four females), who participated in several courses as part of an overarching study. The interviews were analysed using inductive thematic analysis. Thematic groups, themes, and related quotes were compared, leading to the identification of overarching themes that represented the experiences of older adults in their learning processes.

The interview data suggest that the participants in our study believed they experienced little to no ageism and self-ageism, that they generally did not feel hindered in learning new skills due to societal or their own views on learning in the third age, and that they did not regard themselves as old. Moreover, no age limit existed for learning, according to the older participants. However, latent forms of (self-)ageism seemed to be present, implying that the older adults in our study were implicitly influenced by ageist stereotypes that exist in society. As positive self-esteem may help to avoid (self-)ageist experiences, ageing policies could focus on stimulating this positive self-image among older generations and encourage a positive view of older adults in younger generations to support healthy ageing.

## 1. Introduction

Twenty years ago, the World Health Organisation launched the Active Ageing Framework as a way to stimulate healthy ageing. In this framework, health, participation, and security are key elements for the quality of life of older adults (Noble et al., 2021). In more recent years, the World Health Organisation has continued to recognise the urgency to support healthy ageing (Pomp & Buskens, 2012). In 2019, lifelong learning was added as a fourth pillar of the Active Ageing Framework, promoting learning among older adults in order for them to remain psychologically and cognitively healthy (Formosa, 2019, pp. 3–18; Noble et al., 2021). Especially in the third age, performing learning activities can have beneficial effects on the ageing process. The third age is often described as an age group of relatively healthy older people, who are retired, but are still in the middle of life and have the energy,

enthusiasm, and opportunities to undertake activities (Günder, 2014; Oxford, 2017). Third-agers themselves also experience this older age as a period with more free time and possibilities for new opportunities (Romaioli & Contarello, 2021). One factor that could stimulate healthy ageing, is learning new skills in later adulthood. Those learning activities may support cognitively healthy ageing. Moreover, these learning activities may positively affect socio-affective functioning and contribute to increased social well-being, quality of life, and self-confidence in older adults (Diaz-Orueta et al., 2012; Klimova, 2018; Narushima et al., 2018a, 2018b; Noble et al., 2021; Perkins & Williams, 2014; Särkämö, 2018; Ware et al., 2017).

## 1.1. Potential benefits of lifelong learning

Older adults' motivation to learn is different from motivation in

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other life stages. While young people tend to pursue professional goals, older people are motivated by personal interests, social contacts, active participation in the current society, and challenging themselves through a process of lifelong learning (Escuder-Mollon et al., 2014). These intrinsic motivations, without the urge for older adults to prove themselves, lead to an improved state of psychological well-being. Psychological well-being is the subjective evaluation of multiple aspects of a person's life, such as emotional state, coping capacities, and satisfaction, and can be viewed as a measure of quality of life and health in older adults. Psychological well-being in older individuals can be maintained through cognitive stimulation. Meaningful learning activities can support psychological benefits, such as life satisfaction, personal growth, autonomy, and purpose in life (Panitsides, 2014). Particularly when older individuals continuously take part in lifelong learning programmes do they benefit from the positive effects of psychological well-being (Narushima et al., 2018a, 2018b). Psychological well-being can positively and negatively be affected by personal and social factors, such as demographic characteristics and social support. As such, lasting positive psychological well-being can serve as a reserve capacity for quality of life and health (Narushima et al., 2018a, 2018b).

Moreover, late-life learning could benefit older individuals in multiple ways. Cognitive interventions, in the form of late-life education, may stimulate cognitive reserve, which in turn may contribute to the maintenance or even improvement of cognitive functioning in older adults (Panitsides, 2014). In addition, older adults may experience an increased sense of autonomy and confidence from learning new skills. Furthermore, older adults following late-life education actively participate in today's society, leading to social contacts and a fostered inter-generational connection. Lastly, older individuals who are involved in a learning program can express their creativity and ambitions. All of these factors play an important role in enhancing the well-being levels of older adults (Panitsides, 2014). These findings indicate the importance of facilitating and stimulating late-life education in society for older adults.

## 1.2. (Self-)ageism

However, learning processes differ per person and depend on several factors, like an individual's personality, well-being, and previous education (Pot et al., 2018). In addition, in order to learn a new skill successfully, one needs to be motivated and confident (Boulton-Lewis, 2010). However, these requirements can be influenced by pre-existing beliefs (both of older adults themselves and of others) about older adults' ability to learn. There are widespread ageist stereotypes which argue that ageing has a negative impact on learning. Often older adults themselves believe in this stereotype (Pfenninger & Singleton, 2019). This phenomenon is called (self-)ageism. Butler introduced the term 'ageism' and defined ageism using the following three descriptions (Butler, 1980):

- 1) *'Prejudicial attitudes toward the aged, toward old age, and toward the aging process, including attitudes held by the elderly themselves;*
- 2) *discriminatory practices against the elderly, particularly in employment, but in other social roles as well; and*
- 3) *institutional practices and policies which, often without malice, perpetuate stereotypic beliefs about the elderly, reduce their opportunities for a satisfactory life and undermine their personal dignity.'* (p. 8)

There are two possible outcomes regarding the impact of (self-)ageism on learning in late adulthood. On the one hand, a vicious circle exists: society has certain presumptions of how older adults should behave and what they are capable of, and older adults subconsciously tend to act according to those stigmatising ideas (Andrew, 2012; Nowakowska, 2017). Consequently, this (self-)stereotyping maintains itself. Ageism is deeply rooted in society and younger people have multiple divergent experiences with older individuals. As such, it is difficult to break these adverse stereotypes (Nowakowska, 2017; Verhage et al.,

2021). These negative associations with ageing can have negative effects on older adults' well-being. One study reported lower self-effectiveness, self-perception, and self-confidence in older adults who experienced ageism (Nowakowska, 2017). Additionally, negative self-attitudes towards older age can lead to reduced physical, emotional, and cognitive functioning in older individuals (Oxford and Gabryś-Barker, 2017; Stankov, 2017). This becomes apparent, for example, in a study showing that higher cortisol levels are present in older adults with negative self-perceptions towards ageing compared to older adults with positive self-perceptions, leading to higher stress levels (Levy et al., 2016). The outcomes of negative self-perceptions, in turn, have negative consequences for older adults' ability to learn new skills. On the other hand, older adults may show an opposite reaction to the stereotypes: they may disregard negative attitudes towards them and work especially hard to prove to society the opposite of age stereotypes (Minichiello et al., 2000; Nowakowska, 2017). This strong motivation can have advantageous consequences for the learning processes of older adults (Ware et al., 2017).

## 1.3. Research questions

Older adults' self-perception of older age affects the outcomes of learning programmes tailored for them (Mendoza-Núñez et al., 2018). However, the extent to which they experience the consequences of (self-)ageism as a limitation of their learning capacity remains poorly understood and is under-researched to date. More research into age stereotyping in third-age learning is needed. Approaching this using qualitative methods can provide more insight into older adults' own views (Boulton-Lewis, 2010; Pfenninger & Singleton, 2019).

The general objective of this study is to investigate qualitatively to what extent older adults experience (self-)ageism as a barrier to learning a new skill in the third age. This knowledge will provide a first step in clarifying whether more attention should be paid to a positive self-image among older adults who engage in third-age learning. This is important, as a positive approach to ageing during learning may encourage sustained lifelong learning. The general aim of this study is operationalised by means of three sub-questions, which form the specific objectives of this study:

- 1) How do older adults view their ability to learn new skills?
- 2) To what extent are older adults aware of ageism and self-ageism?
- 3) How does societal ageism compare to how older adults experience ageing themselves?

## 2. Methods

### 2.1. Study context

The study protocol was approved under the reference number 69895095 by the Research Ethics Review Committee of Groningen (CETO). The interviews were conducted in the context of a larger research project, focussing on the effects of a learning intervention on cognitive functioning and well-being. Specifically, it compares the effects of three interventions: an English course (treatment group), a guitar course (active control group), and a lecture series with discussion (passive control group). All participants were randomly allocated to one of the interventions, which they followed for three months. The three groups initially consisted of five participants each. However, three participants withdrew from the guitar intervention at an early stage, pointing to discomfort in playing the guitar as a reason (e.g., sore fingers). The interventions consisted of group lessons of one to one and a half hours every other week, which the participants followed digitally via Google Meet. Participants from the English and guitar course were taught by qualified teachers, who had experience teaching older adults from earlier studies in this specific demographic. During the group lessons, participants learned about the theory and practised with exercises

(e.g., playing chords or melodies in the music group, and presentations about hobbies in the English group). Participants from the lecture course attended lectures that were pre-recorded by researchers from a wide range of disciplines (e.g., chemistry, law, sign language). Afterwards, participants discussed the lectures, using talking points sent in by the researcher who had recorded the lecture. These discussions were led by the first author. In addition to the classes, participants in the English and guitar course engaged in self-study for 45 minutes a day using materials from the Leidse Onderwijsinstellingen (Leiden Educational Institute). The online campus for both the English and guitar conditions had been specifically designed by LOI for the purpose of this study. a commercial provider of distance education programmes. The lecture series group did not need to practise on a daily basis, as they were not taught a new skill.

## 2.2. Study design and methodology

The research design of the present study is a basic qualitative approach with thematic analysis. . As the current study explores older adults' experiences of (self-)ageism, this research design fits the current study. Semi-structured interviews were conducted with a subsample of older individuals participating in the larger study to learn more about older adults' experiences with learning new skills in later adulthood. A large benefit of semi-structured interviews, compared to for example structured interviews, is that semi-structured interviews allow more nuances and details, because of the more open-ended questions and the possibility of follow-up questions. Experiences are subjective and a qualitative study design makes it possible to study the experiences of (self-)ageism in its natural environment. Moreover, emic perspectives can be considered and the data can be placed in context, making it possible to interpret the impact of (self-)ageism on the learning ability of older adults (Reis, 2020).

## 2.3. Participants and sampling strategy

Ten healthy retired older adults (four females) from the Northern Netherlands aged between 65 and 77 years old participated in this study (see Table 1 for participant characteristics). The older adults included in the larger study were invited to participate in the current study by email. Since the invitees chose to take part in the study themselves, the non-probability sampling method volunteer sampling was used.

Participants from all three intervention groups (English, guitar, and scientific lectures) were interviewed. There were four participants from the English language intervention, four participants from the lecture intervention, and two participants from the guitar intervention. There were no formal inclusion or exclusion criteria for participation in the study. However, the overarching project had the following criteria, which all the interviewees adhered to: (i) age between 65 and 85 years old, (ii) native Dutch speaker, (iii) functionally monolingual (participants had to speak Dutch at least 80% of the time in their daily lives), (iv) no fluency in speaking or understanding another language, (v) access to a device with internet connection and proficiency to use it. The

**Table 1**

Participant characteristics. The table shows the interviewees in the order of interviewing.

Participant	Gender	Age (in years)	Intervention group
Older adult 1	Man	75	Lecture
Older adult 2	Woman	65	English
Older adult 3	Woman	67	Lecture
Older adult 4	Man	70	Lecture
Older adult 5	Man	71	Lecture
Older adult 6	Woman	68	English
Older adult 7	Man	77	English
Older adult 8	Man	68	English
Older adult 9	Woman	71	Guitar
Older adult 10	Man	68	Guitar

exclusion criteria for participating were (i) experience with playing on a musical instrument in the last 20 years (i.e., once a week or more on average during the last 20 years), (ii) experience of cognitive decline that could be attributed to a psychiatric or neurological disorder, a medical condition, medication, or alcohol and substance use, (iii) auditory problems that could not be corrected by a hearing aid, (iv) mood complaints, such as depression or anxiety.

## 2.4. Data collection and instruments

In the Spring of 2021, 10 semi-structured interviews were conducted, transcribed, and analysed by one researcher. Data saturation was met after these 10 interviews. The interviews took place in a video call through Google Meet and lasted approximately 45 minutes. The interviews were held in Dutch. The questions in the interview were based on a topic list, which was created from the elements of the research questions (for some translated examples of the interview questions, please see Table 2; for the complete overview please refer to the appendix). Participants were encouraged to speak freely about the questions they were asked. The online setting of the interview allowed the interviewees to undergo the interview in their own home environment. Therefore, the interviewees were in a safe and familiar environment and felt comfortable to speak during the interview. An audio-recording of the interviews was made using OBS Studio [Windows version 26.1.1] (Jim, 2012). The interview-conversations were manually transcribed verbatim. After participation, participants received an explanatory debriefing letter.

## 2.5. Data analysis

The data were analysed using a thematic analysis with an inductive approach, because this method is powerful and suitable in research that aims to understand a set of experiences (Kiger & Varpio, 2020). The transcripts of the interviews were read multiple times to obtain a global idea of the conversations. The next step was to read the transcripts line by line. In this step, any expression that was related to one of the topics was highlighted. These highlighted phrases were interpreted in their context. In this way, not only semantic, but also latent meanings of expressions were included, as recommended in a thematic analysis guide (Kiger & Varpio, 2020). The phrases were labelled and categorised into thematic groups with codes using Atlas.ti [Windows version 9] (Hecker, 2020). The thematic groups consisted of elements from the specific objectives (e.g., older adults' perception of their ability to learn new skills). Furthermore, the phrases were classified into major themes or sub-themes. Major themes were topics that were mentioned by at least half of the participants, for example enjoying learning as a motivation for learning new skills and the perceived difference between being physically and mentally old. Sub-themes were topics pointed out by one or a few participants. An overview of the major themes can be found in Table 3 under results. After completion of all ten transcripts, the thematic groups, themes, and related quotations were compared. In this way, overarching themes could be identified in the experiences of older

**Table 2**

Interview questions (translated from Dutch to English). The table shows some examples of the questions asked during the interviews.

Are you motivated to spend time learning new things in the course?
- How does this manifest itself?
Do you feel that your age plays a role in how you are treated in society?
- Why do you think that?
- Can you give an example?
Do you feel that you are sometimes hindered in learning new things due to your own ideas about learning later in life?
- In which situations does this happen?
- And specifically regarding [learning in the course]?
- What do you think is the reason?

**Table 3**

Thematic groups and their major themes. The table shows the thematic groups and the identified major themes.

Thematic groups	Major themes
Older adults' perception of their ability to learn new skills	There is no age limit in learning new skills One is able to acquire new knowledge Ability to learn is because of interest It is more difficult to learn new skills because of the declining memory It is difficult to learn a completely new language Motivation is visible in making homework Enjoying learning is a motivation to learn new skills Learning capacity is strong enough to learn all kind of new skills
Older adults' awareness of (self-)ageism	Experiencing no limitation in learning because of the stigma of older adults in society Experiencing no limitation in learning because of own thoughts about being older Experiencing no difference in treatment in society because of age Experiencing a difference in learning when being younger versus being older
Older adults' experiences of influences from societal view and their own view	Experiencing no influence of own ideas about ageing in participating in the study Experiencing no influence from society in participating in the study Taking part in the study is own decision Experiencing positive reactions on participation in the study
Older adults' experience of ageing	Staying active Keep being involved in society Experiencing more difficulties with remembering things Feeling young, while being old Experiencing physical decline Experiencing no feelings of being old Being old is linked to health Being old is difficult to define Ageing is a sliding scale A difference exists in physical and mental old Not defining oneself as old

adults in their learning processes. Please refer to the appendix for an overview of all quotes.

### 2.6. Reflection on researcher

In order to increase the validity and reliability of the study, reflexive thinking was applied while conducting the interviews and analysing the data. Reflexive thinking consisted of personal reflection and introspection of the researcher's actions. Moreover, discussions took place about interpretations, important topics, and main findings with the other authors. In addition, the study methods were triangulated by combining interviews with observations in field notes written during the interviews. The notes contained information about the general impression of the interviewee and the context in which the interview was conducted. Suggestions for new or differently formulated questions were also noted. In this way, an attempt was made to optimise the reflexivity of the study.

## 3. Results

The qualitative analysis of the interviews with the 10 participants (see Table 1, above) revealed their experiences with (self-)ageism and the extent to which they perceive (self-)ageism as a barrier to learning a new skill in the third age (see Table 3). In the following section, the overarching themes of older adults' experiences will be presented on the basis of the research questions.

### 3.1. Older adults' perception of their ability to learn new skills

The vast majority of the older adults indicated that they believed they were capable of successfully participating and benefiting from the intervention at their age:

*"Yes, I am convinced of that (being able to learn English, learn how to play the guitar, and to gain new knowledge)." (Older adult 4)*

All participants indicated that they were able to learn the skill they were taught in their intervention. While some participants in the English and lecture intervention doubted their ability to learn to play the guitar, for lack of musicality or physical discomfort (some people indicated having sore fingers), they believed they had the learning capacity to learn this skill:

*"I don't know about playing the guitar. I am not musical and I can't keep rhythm, so if that would be a success, I don't know." (Older adult 1)*

*"But do you think you could learn it in terms of your learning capacity?" (Interviewer)*

*"Yes, I wouldn't know why not." (Older adult 1)*

The participants in the guitar intervention stated that they could learn to play this instrument, although they all indicated they would not achieve a high level anymore. Additionally, some participants distinguished between the ability to learn English and the ability to learn an unfamiliar language. All of them indicated that it would be difficult to acquire a completely new language, for example because one is not exposed to this language as much as English or because one could not recognise sounds or words from Dutch in the new language:

*"I think [I could learn] English, because you learned that at school also. And you go on holiday (...) and then you speak English too, but I tried to learn Italian and that was very disappointing because I didn't recognise much of it." (Older adult 2)*

Nobody believed in an age limit for the ability to learn new skills. However, some interviewees stated that there is a health limit. Good cognitive health, defined as the absence of diseases such as dementia or aphasia, and concentration and memory are factors that were mentioned as necessary for learning new skills:

*"I think that there is a health limit [for learning new skills] at a certain point. The moment someone is no longer mentally healthy, in the sense of suffering from dementia or aphasia (...), then there are of course many other factors involved." (Older adult 1)*

There were also other, more general requirements, which apply to anyone learning new skills. According to most older adults, it is important to be interested in and to enjoy the skill to be learned. Moreover, it was stated multiple times that one should have the will and motivation to learn and to be receptive to learning new skills:

*"Interest, that is always important. If someone is not interested, then he won't learn anything." (Older adult 4)*

*"It partly depends on if you want to, you know, and then one can see how it goes, but wanting to is important", I think. (...) "It (learning new skills) has to do with your own mindset, are you willing to still open up? It is some kind of intrinsic motivation that you need to have to do those kinds of things." (Older adult 10)*

Older adults reported to be highly motivated and willing to learn themselves:

*"At least my attitude is that if I start something that I don't do it for the nonsense and for the fun so to speak, but then I really want to go for it, so I don't mind at all spending two hours a day on the LOI course (provided course for self study). I just like that." (Older adult 8)*

“Sure [I am motivated to learn to play the guitar], it (the guitar) is right behind me and I often practise. Just to see, do I still remember the song? And then I try to get a little further. I really like that. (...) [I practise] every day.” (Older adult 9)

### 3.2. Older adults' awareness of ageism and self-ageism

Most older adults stated that their age did not play a role in how they were treated in society, because they still participated in society. Some of them indicated that they could imagine that other older adults do experience these differences in treatments because of their age:

“Personally I don't [experience differences in treatment because of age], it doesn't bother me. I am not treated like an old lady so to speak, but I think in general this is the case for other people.” (Older adult 2)

Other older adults experienced some differences in treatment: they were excluded from participating in committees because of their age, younger people started to address them formally, or gave up their seat on the bus. It was mentioned that there are both disadvantages and advantages to their age:

“I was asked to become a member of the supervisory committee (...) and I had this social experience (with such a position). Everything was fine, except my age. (...) That didn't feel right to me. I think that is a wrong motivation (...), but sometimes there are advantages as well, there are a lot of sixty-five-plus passes.” (Older adult 10)

The majority of older adults indicated that they did not feel hindered in learning new skills because of societal opinions on learning in the third age. A few interviewees did not experience any societal barriers for older adults to learn. Others thought that certain ideas about older adults and their will to learn something new existed, but they believed it was best to stay close to one's own opinion and ignore the negative opinion of others:

“I am not bothered [by ideas from society about late-life learning], I just don't pay heed.” (Older adult 2)

“Do you have the feeling that those societal ideas are present?” (Interviewer)

“I don't know, not among my acquaintances, but I think (...) that people think “Jesus, you are sixty-five or seventy or eighty, do you still have to learn something now?”” (Older adult 2)

All participants stated that their own ideas on third-age learning did not make them feel impeded in learning new skills. In fact, a few interviewees said they considered their learning capacity unchanged in the past 20 years. As such, they thought their cognitive skills were good enough to learn new skills:

“Well, I think my mind is still so good that I can still just learn new things.” (Older adult 6)

However, the majority indicated that there were also cognitively demanding activities that they could have learned when they were young but not anymore now, such as learning how to sail. Moreover, they stated it is easier to learn new skills at a young age than it is now. They mentioned reasons such as declining memory, having less energy while learning actually costs more energy than it used to, being less familiar with modern techniques such as digital devices, and no longer being able to learn through play:

“Unfortunately, at that time I was already at an age that it (learning to sail) was much, much more difficult than when you learn it as you go as a child.” (Older adult 8)

“I lack the capacity to take that (certain learning activities) in. I lack the ease with which one can learn too. One has to put in more energy [in

learning activities] and the energy level decreases more and more. That is just how it is.” (Older adult 5)

### 3.3. Older adults' experiences of ageing and societal ageism

Some older adults defined “being old” with the age range varying from 40 to 80:

“In my profession, we started to be written off at age 40 already. (...) Simply because your reaction speed in learning decreases as you become older.” (Older adult 1)

“Well, you can start laughing, but I think that that (being old) is the age of eighty.” (Older adult 7)

A few participants also mentioned the onset of retirement as a time when one can be considered old:

“Well, personally I think you reach that older age when you don't work anymore.” (Older adult 4)

Others defined “being old” on the basis of health: when someone has an age-related or other disease, this person can be considered old:

“It (someone's health status) can change all of a sudden. If your health declines, then it can be that you appear much older in a short time and you can feel older too.” (Older adult 3)

Some participants stated that the definition of “being old” is difficult to capture, because the ageing process is different for everyone: some people behave old at a relatively young age and vice versa:

“That (defining being old) is of course a somewhat difficult issue, because that (the ageing process) is different for everyone. (...) I find it hard to put a label on that (on ageing in general) because I think it is not well definable.” (Older adult 8)

“I know people who are thirty of whom I think “well you are really getting old and there are also people over seventy who are still in the middle of life.”” (Older adult 10)

As can be seen from the quotes, older adults in our sample distinguished between physical age and mental age. Moreover, participants indicated that ageing is a gradual process which has several stages. Subconsciously, older adults differentiated between the third age and the fourth age:

“You know, there is also a difference between physically old and mentally old.” (Older adult 2)

“You really notice that there are different groups. Those younger older adults, I don't even call them elderly, who are still babysitting, going on holidays, going out with the caravan or camper, who are active, and a group of eighty, eighty-five. Living independently gets harder and they do not know how to handle computers.” (Older adult 3)

None of the older adults reported feeling old themselves. They would not describe themselves as young anymore either, but they are still in the middle of life, active in sports, councils and volunteering, and are open to learn and discover new knowledge and skills:

“[I don't feel old] because I'm still in the middle of life and participating in a lot of activities and I still want to do a lot. And yes, I still have something on my bucket list!” (Older adult 9)

Some older adults mentioned that they felt relatively young in their minds, but that they noticed they had some signs of ageing, such as memory problems and physical decline in the form of balance problems, stiffness, and reduced stamina:

“In my head I am still young, but my body is not always involved anymore. (...) It is all getting a little stiffer and starker.” (Older adult 6)

Although the older adults could not deny that they become older

because of their signs of ageing, some felt that their definition of 'old' shifts as they become older themselves. When they were young, the older adults had an idea of what an old age was, but now they have reached that age themselves, they actually do not feel that old:

*"For some people, being old means looking ahead to what the other can no longer do, because he is old. When I see someone walking with a walker, I think "you are old, I don't need it yet". Maybe the moment I have to do it, I think "I'm not old yet, because that guy in that wheelchair is even older.""* (Older adult 1)

*"I have to say, when I was your age I thought sixty-five was tremendously old, but well now I'm a little older than sixty-five myself, I think "oh well it isn't that bad.""* (Older adult 6)

Some older adults mentioned that the general image of "being old" in society is negative: older adults are seen as troublesome, complaining, and grumpy:

*"[The general idea of older adults in society is] that they are troublesome, old people, that they are always talking about the past, sick, weak and queasy or on the way to get sick, weak and queasy."* (Older adult 2)

Others stated that there is no clear societal idea of "being old" and some mentioned that the general idea is quite diverse. There are images in the media of fit and active older adults, but also of weak and lonely older adults. Older adults thought that younger people generally see them as old, because society tends to label people based on age. However, this is not appropriate according to the participants, but some older adults tend to go along with this picture that society draws. Nevertheless, older adults believed the image of older adults is changing positively nowadays:

*"You see a lot in the media about older people who are still very fit, who still do all the things, but the general idea is that if you are sixty-five or older, well, then you are old. Then you must also feel old (...). Society puts a certain label on it (...). It is highly questionable whether it is justified to use such an age criterion, but society does that. And some older people go along with expectations, I think. So, a general idea arises that if you are over sixty, sixty-five, then you are old or something."* (Older adult 10)

*"I think it (the changing image of older adults) has to do with the fact that the developments regarding mental and physical health are improving all the time, which makes it possible to involve people actively and consciously in society. So, yes, I think the view towards older adults has turned in a positive way."* (Older adult 8)

All participants indicated that societal ideas about late-life learning had not influenced their decision to start learning a new skill: participating in the study was their own decision and they had not even thought about societal ideas. They did not feel hindered from participating in the study:

*"Well it (participating in the Larger study) has been purely my own choice, I have not been ruled by the opinion of others or society, no it has really been my own choice."* (Older adult 10)

*"I still don't feel hindered by my age from participating in anything."* (Older adult 5)

Participants did not feel influenced by their acquaintances' reactions, either, though it must be said they were mostly positive. However, some acquaintances of the participants did not understand why someone would learn a new skill in late adulthood:

*"[The reactions were] very positive. "How nice, dad, that you are going to do an English course still at your age, that is always helpful.""* (Older adult 7)

*"They (acquaintances) said: "Oh very nice that you do that", so in that sense I have not had comments among my acquaintances like: "Well guys,*

*I have to stop now", or something, because people around me think or society thinks it is totally ridiculous or something". No, I haven't had any trouble with that."* (Older adult 10)

*"There were some people around me who said: "You are totally crazy that you are still going to do that" (learning English)! (...) They are like: "Why do you have to learn that then?" Well I say: "It is fun.""* (Older adult 6)

Most older adults indicated that their own ideas about learning in later life had not affected their learning activities. Participants were inquisitive, wanted to test their learning capacity, and wanted to stimulate their brains. Although a few participants slightly doubted their learning performances, the vast majority believed in their own abilities:

*"Well, I hoped that I could learn it at all, because I had never held a musical instrument in my hands before."* (Older adult 9)

*"I would rather think that I subconsciously thought: well I can do that (learning English), I will do that."* (Older adult 2)

#### 4. Discussion

This study, using thematic analysis, aimed to gain a better understanding of older adults' experiences with (self-)ageism and the extent to which they perceive (self-)ageism as a barrier to learning a new skill in the third age. The findings suggest that older adults believed they experienced little to no ageism and self-ageism and that they in general did not feel impeded in learning new skills because of societal or their own ideas about late-life learning. Furthermore, no age limit existed for learning, according to the participants.

Based on the results, it seems that the older adults in our sample benefit from (self-)ageism, rather than being hindered from it in their learning process. The older adults were particularly motivated to learn new skills and they did not let themselves be guided by societal or personal ageist ideas. Additionally, no negative experiences of (self-)ageism that influenced self-confidence or learning capacities were reported.

The results show that the older adults in this study experienced little to no ageism when it came to being treated differently by society. This may be partly due to older adults comparing themselves to other older adults who are doing less well than themselves (Róin et al., 2021; Romaioli & Contarello, 2021). Another explanation is that older people do not see themselves as old, as was also found in other studies into older adults' personal image of older adults (Minichiello et al., 2000; Oswald, 1991; Róin et al., 2021). Perhaps as a consequence, the older adults did not feel hindered by societal ideas about learning new skills at an older age. However, among the participants the idea existed that other older adults in general may experience ageism in daily life, which is reflected in quotes 9 and 28. Their thoughts were in line with the results of other studies (Andrew, 2012; Nowakowska, 2017), which showed that society has particular presumptions of older adults' behaviour and capacity. Moreover, although the image of older adults is changing positively nowadays according to some participants and researchers (Ylänne and Martin, 2015), the older adults in this study admitted that a negative image of older adults is prevalent in society, which was also found by Loos (Loos et al., 2018). Older adults' idea about what is old did not always match with society's views, as other studies have also found (Fasel et al., 2020, pp. 1–24). As a result, older adults who want to participate in activities that, according to societal rules, are meant for younger people, may encounter incomprehension. This is evident from quote 34, in which the older individual is declared crazy by her acquaintances because of her learning activity at her age. These forms of incomprehension from society can have negative effects on active ageing (Fernandez-Ballesteros et al., 2017).

Although older adults reported not to be influenced by societal ideas, their expressions suggest that they are implicitly affected by ageist stereotypes. Implicit ageism occurs subconsciously and it is likely that

every individual with internalised age stereotypes engages in implicit ageism and self-ageism (Levy, 2001). The word 'still' was frequently used in quotes about societal thoughts, for example in quotes 11, 28, and 32, implying that older adults consider their learning activities at their age as a form of achievement, rather than as a normal action. Quote 16 is another example of the implicit influence of ageism: the older individual expects the interviewer to start laughing, because of his belief that "being old" starts at age eighty, which he might think is in society's eyes very old already.

In addition, the findings demonstrate that the interviewees had a positive self-image, which is a key element for active ageing (Fernandez-Ballesteros et al., 2017). Participants reported being involved in society. Additionally, they were interested, motivated, open and willing to learn new skills. Lastly, they indicated that they felt young in spirit. Moreover, they seemed to have confidence in their own learning capacities, which is necessary for successful learning (Boulton-Lewis, 2010). Although older adults indicated to have more difficulty with the learning process than they used to, this did not affect their view of their learning capacities. Consequently, the older adults did not feel hampered in their learning activities because of their own thoughts about late-life learning.

On the one hand, implicit forms of ageism seemed to be present in the statements of the older adults. On the other hand, however, the presence of self-ageism in other older individuals was noticed by the older adults, as quote 28 shows. Moreover, latent forms of self-ageism were present as well, which is consistent with earlier research (Levy, 2001). Like with participants' thoughts about society, the term 'still' also occurred in various expressions about older adults' views on their own thoughts, for example in quotes 6, 12, 23, and 31. Moreover, the participants appeared to be highly motivated to learn new skills, which is represented in quotes 7 and 8. This is in line with previous studies, which showed that older adults have a strong motivation to learn new skills, for example to prove to society the opposite of ageist stereotypes (Minichiello et al., 2000; Nowakowska, 2017).

#### 4.1. Limitations and strengths

It was hypothesised that (self-)ageism could have either a negative or positive impact on learning in late adulthood (Minichiello et al., 2000; Nowakowska, 2017; Ware et al., 2017). This study did not find evidence for the hypothesis that (self-)ageism has negative consequences for older adults, for example on self-assurance (Nowakowska, 2017; Stankov, 2017). Perhaps selection bias occurred, such that the participants in the overarching study were already highly motivated to learn new skills and had a positive self-esteem. In addition, engaging in learning activities may be an underlying cause for the participants to have this positive self-esteem. This, in turn, could motivate them more and desensitise them to (self-)ageism. Therefore, it cannot be determined whether older individuals do not experience ageism when learning new skills because of their positivity and motivation or whether this absence of experience is because older individuals create this positivity and motivation by learning new skills. Future studies would do well to further explore the directionality of effects.

The study population was likely not completely representative of the general older adult population. Older adults who are less eager to learn and have a more negative self-esteem may have different experiences with (self-)ageism and its influences on their learning activities. Another limitation is that the study was carried out by one researcher, but attempts were made to achieve optimal reflexivity. The study design and analysis, however, were particularly suitable for gaining more insight into older adults' experiences with (self-)ageism in combination with learning activities and patterns could be discovered in these various experiences (Kiger & Varpio, 2020; Reis, 2020). Moreover, a sufficient number of older adults participated to reach data saturation and thus to obtain a complete view of older adults' experienced feelings and thoughts in this new and underexplored research topic.

One consideration to take into account in future research is the possible influence of meso-level external factors. Although the societal environmental factor (self-)ageism was explored in this study, third age learners' motivation to learn may have been influenced by external factors such as the particular situation, group dynamic and atmosphere in class. The study took place at a time where the possibility for in-person activities was limited due to COVID-19 restrictions. Participants' motivation to join the classes may have been extra stimulated because of the possibility to undertake an activity. Moreover, because the participants saw each other every other week for the duration of three months, they became well familiar with each other. This created a cordial atmosphere and amicable group dynamics, which may have had an impact on the learners' motivation.

#### 4.2. Implications and suggestions for future research

Former studies (Minichiello et al., 2000; Nowakowska, 2017) focussed on the positive or negative aspects of (self-)ageism, whereas in the current study both possibilities were exploratively researched. The present study is novel in focussing on the consequences of experiencing (self-)ageism as a limitation of older individuals' learning capacity in an explorative manner. Previous research has demonstrated the possible negative impact of (self-)ageism (Nowakowska, 2017; Oxford and Gabryś-Barker, 2017; Stankov, 2017). However, the findings of this study suggest that older adults who do not regard themselves old and who are open to and motivated to learn new skills experience little or no influences of (self-)ageism, which was concluded in former studies as well (Minichiello et al., 2000). This allows them to be actively involved in society and learning activities into an advanced age, which in turn is conducive to healthy ageing (Pot, Keijzer, & De Bot, 2018; Noble et al., 2021; Seinfeld et al., 2013). Therefore, it is imperative for well-being organisations, municipalities, and governments to encourage positive self-esteem in older adults and a positive view of older adults in younger generations in order to support the Active Ageing Framework of the WHO and to create an older adult-inclusive society (Noble et al., 2021). The stimulation of a positive view in and of older adults can contribute to an opportune learning environment for older individuals. This, in turn, could lead to all the benefits associated with learning in later life (Narushima et al., 2018a, 2018b; Panitsides, 2014).

Future research is needed to reveal whether less active, motivated, and self-confident older adults have similar experiences with (self-)ageism and learning activities as the participants in this study. Moreover, future research should investigate whether older adults with a positive self-image have better learning performances than older adults with a lower self-esteem and whether this has additional beneficial effects for older adults' cognitive functioning and well-being.

## 5. Conclusion

"No-one is ever too old to learn and it is good for your brain", according to multiple older adults participating in the study. This study used thematic analysis to examine the experiences of third age learners with (self-)ageism and to investigate the extent to which (self-)ageism is perceived as a barrier to learning new skills in later life. The participants indicated that they did not consider themselves old and that they experienced little to no ageism and self-ageism. Additionally, they generally did not feel hindered in learning activities due to either societal opinions or their own thoughts about learning new skills in later adulthood. Despite this, implicit forms of ageism and self-ageism were present. Older adults in our data were subconsciously led by deep-seated stereotypes about age and accompanying reduced learning capacities. However, a positive self-image can help to avoid experiencing (self-)ageism as a barrier to learning new skills in the third age. Therefore, a potential is seen for ageing policies to concentrate on stimulating positive self-esteem in older generations and showing older adults in the best possible light for younger generations to support healthy ageing. A



possible way for ageing policy to stimulate the self-image of older adults, while at the same time presenting the older generation positively to younger generations, is to offer a learning program specifically for third-agers, in which the learning activities are provided by younger generations. In these learning programs, older adults experience their ability to learn, which positively contributes to their self-esteem and feelings of self-efficacy. Moreover, young people experience the strength of older adults. This would likely result in less (experience of) ageism from society and older individuals themselves.

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## CRediT authorship contribution statement

**Emma van Kampen:** Conceptualization, Methodology, Investigation, Formal analysis, writing, Writing – original draft. **Floor van den Berg:** Resources, Supervision, Writing – review & editing. **Jelle Brouwer:** Resources, Supervision, Writing – review & editing. **Merel Keijzer:** Resources, Supervision, Writing – review & editing, Funding acquisition.

## Declaration of competing interest

None.

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## Appendix A. Supplementary data

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